

by the rupture of lymphatics due to the method of slaughtering. The blood-vessels are often obliterated in consequence of the myxomatous change.

KRAUROSIS VULVÆ.

REED (*New York Medical Journal*, September 29, 1894) reports six cases of progressive cutaneous atrophy of the vulva, four of which were treated surgically. His conclusions are as follows: Kraurosis vulvæ is a distinct disease, of rare occurrence, and of an inflammatory nature. It differs from other inflammations of the skin in that the stage of congestion and infiltration is followed by progressive atrophy. It is confined to the vulva, its etiology being very obscure, and is probably of trophic origin; syphilis is not a causal factor. Excision of the affected area is followed by satisfactory results.

PYÆMIA DUE TO PYOSALPINX.

DÜRCK (*Münchener med. Wochenschrift*, 1894, No. 37) gives a detailed description of the results of an autopsy performed upon a girl, nineteen years of age, who died of pyæmia. She entered the hospital complaining of pain in the right shoulder, her history being otherwise negative. The diagnosis of rheumatism was at first made, but as the temperature remained high, and there was considerable general disturbance, the presence of pus in the joint was suspected, though no fluctuation could be obtained. As the latter opinion was confirmed by puncture, an incision was made, and a quantity of thick pus was evacuated. In spite of the operation the patient grew rapidly worse, and died four days later. At the autopsy the following lesions were found: Purulent periostitis of the right scapula; ulcerative endocarditis; purulent pericarditis and pleuritis; parenchymatous nephritis with purulent emboli; cloudy swelling of the liver. Examination of the pelvic organs showed that the left tube was greatly enlarged and adherent in Douglas's pouch, and contained a quantity of thin greenish-yellow fluid, which was filled with *staphylococci pyogenes aurei*. No local or general peritonitis. Culture-experiments and injections in rabbits fully confirmed the results of the microscopical examinations. Pus from the various embolic abscesses contained similar micro-organisms. The writer infers that the case must be either regarded as one of pyæmia of unknown (*cryptogenetischer*) origin, or else it must be assumed that the pyosalpinx was the original seat of infection, the bacteria entering the general circulation, perhaps in consequence of some slight local injury. That the general invasion was a sudden one was shown by the acute symptoms. While cases of localized and general peritonitis due to the rupture of a pyosalpinx, or to the direct migration of septic bacteria through the wall of the tube to the peritoneum, are sufficiently common, pyæmia originating as in the case cited has not been described in works on gynecology. The gonorrhæal origin of the pyosalpinx, though the history was negative, was proved by an examination of pus removed from the urethra after death.

CHLOROFORM VERSUS ETHER.

This is a question which has agitated German surgeons and gynecologists considerably of late.

MIKULICZ (*Berliner klin. Wochenschrift*, 1894, No. 46) reports several accidents following ether-anæsthesia, which have caused him to abandon it in favor of chloroform. He reports three cases of asphyxia, four of acute bronchitis, two of pulmonary œdema and pneumonia, and two of collapse. He believes that the relative safety of ether has been exaggerated, since too little stress has been laid upon its bad after-effects. In using chloroform, which he regards as especially useful in gynecology, he calls attention to the fact that it is not well borne by septic patients.

SCHÖNHERR (Inaugural Dissertation: abstract in *Centralblatt für Gynäkologie*, 1895, No. 1), from a study of a large number of cases in Säger's clinic, pronounces in favor of ether, especially in all prolonged operations.

KREEKE (*Münchener med. Wochenschrift*, 1894, Nos. 39 to 41) prefers bromide of ethyl for short operations and ether for longer ones, rejecting chloroform except in cases of pulmonary trouble and in operations about the face and neck.

THE CONDITION OF THE KIDNEYS IN URETERO-ABDOMINAL FISTULA.

NEUMANN (*Archiv für Gynäkologie*, Band xlvii. Heft 3) infers from his experimental studies of this subject that after extirpation of the kidney on the affected side it is highly important to watch the urine carefully in order to detect evidences of beginning nephritis in the remaining organ. It is advisable to keep the patient on an exclusive milk-diet until it is certain that the organ is fully able to perform the extra work necessitated by a general diet.

ABDOMINAL HYSTERECTOMY IN SEPTIC AFFECTIONS OF THE UTERUS AND ADNEXA.

DELAGÉNIÈRE (reprint from *Archives provinciales de Chirurgie*) favors abdominal rather than vaginal hysterectomy in such cases for these reasons: 1. The possibility of doing a conservative operation after opening the abdomen. 2. Greater ease in removing diseased organs under direct control of the eye. 3. Absolute prevention of hemorrhage and the possibility of covering denuded surfaces with peritoneum. 4. Easier separation of intestinal adhesions and less danger of tearing the gut. 5. The use of ligatures instead of forceps, thus giving less pain to the patient.

SURGICAL TREATMENT OF UTERINE FIBROIDS.

HOMANS (*Boston Med. and Surg. Journ.*, 1895, No. 10) reports twenty-six operations in private practice, with one death. He ligates the broad ligaments and dissects off an anterior and posterior peritoneal flap in the usual way, and performs supra-vaginal amputation of the uterus. After cauterizing the cervical canal he closes it by suturing the raw edges of the stump, being careful not to enter the canal, then unites the peritoneal flaps over it with fine silk, being afraid to use catgut for this purpose.